

Advice for Dentists to Avoid Claims Denial and Prior Authorization Returns/Denials

To: Dentists, HMOs and Other Managed Care Programs

Wisconsin Medicaid offers advice for dental providers to successfully complete claims and prior authorization (PA) requests. This *Wisconsin Medicaid and BadgerCare Update* also includes a list of Medicaid-covered dental services.

Common Reasons for Claim Denials

The following table lists the most common reasons for claim denials.

Description	ADA 2000 Element Number	ADA 2002 Element Number	Action
Prior authorization number	2	2	When applicable, enter the seven-digit number from the Prior Authorization Dental Request Form (PA/DRF).
Recipient name and Medicaid identification number	8 and 13	12 and 15	The recipient's name and 10-digit Medicaid identification number must be entered exactly as they appear on the Medicaid identification card (Forward card) or as indicated on Medicaid's Eligibility Verification System (EVS). <i>Note:</i> Effective immediately, Wisconsin Medicaid will accept the recipient's identification number from Element 13 or 19 on the ADA 2000.
Other insurance information	33 and 59	11 and 32	Wisconsin Medicaid other insurance codes: OI-P PAID in part or in full by commercial health or dental insurance OI-D DENIED by commercial health or dental insurance; or commercial health or dental insurance not billed ADA 2000: If applicable, enter the appropriate commercial health or dental insurance code in Element 33, and enter the actual amount paid in the "Payment by Other Plan" field of Element 59. ADA 2002: If applicable, enter the appropriate commercial health or dental insurance code in Element 11, and enter the actual amount paid in "Other Fees" of Element 59.

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Description	ADA 2000 Element Number	ADA 2002 Element Number	Action
Billing provider name and provider number	42 and 44	48 and 49	The name entered in the first element must correspond to the eight-digit provider number entered in the second element. For example, if your office has a billing number, the office name must appear in Element 48 of the ADA 2002 form and the office billing number in Element 49.
Place of treatment	49	38	Enter the appropriate two-digit place of service (POS) code: "11" (office), "22" (outpatient hospital), and "32" (nursing facility). <i>Note:</i> Effective October 15, 2003, claims with missing or incomplete POS information are automatically processed with POS code "11." This may impact reimbursement in some cases, so if the services are provided outside an office, it is important for providers to indicate the appropriate POS.
Procedure codes	59	29	Enter the correct <i>Current Dental Terminology, fourth edition</i> , (CDT-4) procedure code in this field. Refer to the Attachment of this <i>Wisconsin Medicaid and BadgerCare Update</i> for a list of Medicaid-covered CDT-4 codes. Providers should refer to CDT-4 for complete descriptions of procedure codes. Providers may purchase CDT-4 books from the ADA.
Remarks	61	35	List the reasons for exceeding service limitations.
Performing provider name and provider number	62	53	The claim must be signed and dated. If Elements 48 and 49 (42 and 44) indicate a clinic or group biller, enter the performing provider's name and eight-digit Medicaid provider number in this element.

Common Reasons for Prior Authorization Returns/Denials

Most Common Clerical Denials

The following are "return hot spots" to watch for when completing the PA/DRF:

Description	Prior Authorization Element Number	Action
PA/DRF version		Providers are required to use the June 2003 version of the PA/DRF (revised 06/03).
Recipient Medicaid ID Number	Element 6	Enter the recipient's 10-digit Medicaid number exactly as it appears on the Medicaid identification card (Forward card) or as indicated on the Medicaid EVS.
Name — Recipient	Element 9	Make sure the recipient's name matches the recipient's Medicaid identification number.
Signature — Performing Provider Date Signed	Elements 20-21	The provider or authorized representative must sign and date (in MM/DD/YY format).
PA/DRF numbers on the PA/DA1 or PA/DA2		Enter the PA/DRF number, recipient's Medicaid identification number, billing provider's number, and performing provider's number (if different than the billing provider's number) on <i>all pages</i> of the PA/DA1 or the PA/DA2.

Continued

Description	Prior Authorization Element Number	Action
Additional documentation		<ul style="list-style-type: none"> For partial dentures, Wisconsin Medicaid requires periodontal charting and X-rays showing the remaining teeth in an arch where a partial denture is to be placed. For root canals, Wisconsin Medicaid requires that dentists provide a minimum of two bite-wing X-rays, one from each side and a periapical X-ray of the tooth that requires the root canal. Include additional X-rays, periodontal charting, or other documentation as indicated by the PA/DA1.
Submitting PA/DRFs		<p>Submit the top two copies of the PA/DRF, the appropriate pages of the PA/DA1 or PA/DA2 and supporting documentation.</p> <p><i>Note:</i> The PA/DA1 and PA/DA2 list the required documentation necessary for Wisconsin Medicaid to process a PA request.</p> <p>Mail PA requests to:</p> <p>Wisconsin Medicaid Prior Authorization Ste 88 6406 Bridge Rd Madison WI 53784-0088</p>

Root Canals

Root canals are typically denied when an adult recipient has a dental history of decay, abscessed teeth, multiple past extractions, and/or an existing periodontal condition.

Solution: Root canals are limited for adult recipients over age 20. Consider the following when determining whether to request authorization for root canal therapy:

- ✓ The recipient should have a clean, healthy, and well-restored dentition and should demonstrate a consistent pattern of appointment compliance.
- ✓ Only one or two teeth, or in exceptional cases a third tooth, would be considered for authorization for root canal therapy. Additionally, the tooth or teeth should be able to be easily restored using covered services with an above average potential for long-term retention.
- ✓ In most cases, Wisconsin Medicaid will deny a root canal for another tooth in the same arch when a recipient qualifies for a partial denture.

Follow the criteria used for evaluation of root canal therapy PA requests in the Dental Handbook.

For More Information

For questions about this *Update*, call Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883. Providers may call between 8:30 a.m. and 4:30 p.m. on Mondays, Wednesdays, Thursdays, and Fridays and between 9:30 a.m. and 4:30 p.m. on Tuesdays. Providers may also access Medicaid's Automated Voice Response (AVR) System for claim and PA status 24 hours a day. To access AVR, call (800) 947-3544 or (608) 221-4247.

Claim Information

Providers have the option of submitting 837 Health Care Claim: Dental (837D) transactions. To obtain Medicaid's free Provider Electronic Solutions (PES) software, refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/. For

questions about PES, contact Medicaid's Electronic Data Interchange (EDI) Department at (608) 221-9036 or e-mail them at wiedi@dhfs.state.wi.us.

When submitting paper claims, dentists should use Medicaid's ADA 2002 or ADA 2000 claim form instructions to avoid common claim denials. For a complete set of ADA 2000 and 2002 claim form completion instructions, refer to the March 2004 *Update* (2004-19), titled "Wisconsin Medicaid accepting ADA 2002 and 2000 claim forms." For a complete list of indicators for other insurance coverage, refer to the July 2003 *Update* (2003-50), titled "Changes to local codes, paper claims, and prior authorization for dental services as a result of HIPAA." To order copies of ADA claim forms, contact the American Dental Association (ADA) at (800) 947-4746 or order them online at www.adacatalog.org/.

Prior Authorization Information

Providers should verify that they are using the PA/DRF dated 06/03. All PA forms, including the PA/DRF, Prior Authorization/Dental Attachment 1 (PA/DA1), and Prior Authorization/Dental Attachment 2 (PA/DA2) are available upon request to:

Wisconsin Medicaid
Form Reorder
6406 Bridge Rd
Madison WI 53784-0003

Complete PA guidelines are included in the Dental Handbook. Please refer to the Dental Handbook in conjunction with dental *Updates* for a complete list of PA guidelines for each of the major areas of service coverage, such as diagnostic services, preventive services, and restorative services. Refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for these Medicaid publications including the latest version of the PA/DA1, its completion instructions, and the PA/DA2.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service information and applies to providers of services to recipients who have fee-for-service Medicaid or to recipients enrolled in Medicaid HMOs that do not provide dental coverage. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Medicaid-Covered CDT-4 Procedure Codes

The following is a list of Medicaid-covered *Current Dental Terminology, fourth edition*, (CDT-4) procedure codes as of October 1, 2003. Providers should refer to CDT-4 for complete descriptions of procedure codes. Refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for maximum allowable fees and covered oral surgery services.

Services	Codes
Diagnostic	D0120-D0170, D0210-D0274, D0330-D0350, D0470, D0999
Preventive	D1110-D1120, D1201-D1205, D1351, D1510-D1515, D1550
Restorative	D2140-D2161, D2330-D2394, D2791, D2910-D2940, D2951-D2952, D2954, D2999
Endodontics	D3220-D3221, D3310-D3330, D3351, D3410, D3430
Periodontics	D4210-D4211, D4341-D4355, D4910, D4999
Prosthodontics (removable)	D5110-D5120, D5211-D5212, D5510-D5520, D5610-D5671, D5750-D5761
Maxillofacial Prosthetics	D5932, D5955, D5999
Prosthodontics, fixed	D6211, D6241, D6545, D6751, D6791, D6930-D6940, D6980-D6985
Oral and Maxillofacial Surgery	D7111-D7140, D7210-D7240, D7250, D7260-D7270, D7280-D7287, D7410-D7415, D7440-D7461, D7471-D7490, D7510-D7560, D7610-D7680, D7710-D7780, D7810-D7850, D7860, D7871, D7899, D7910, D7911-D7912, D7940, D7950, D7960-D7970, D7972-D7980, D7991, D7997-D7999
Orthodontics	D8010-D8040, D8050-D8060, D8070-D8090, D8210-D8220, D8660-D8680, D8692
Adjunctive General Services	D9110, D9220, D9241, D9248, D9420, D9910